

Annual Composting Facility Report

July 1st, ____ (Year) – June 30th, ____ (Year)

Due July 31st

County: _____ Permit #: _____

Responsible Official: _____

Facility Name: _____

Address: _____

City, State, Zip: _____

Send completed form to:
Energy and Waste Management Bureau
c/o Ken Bouma
502 East Ninth Street
Des Moines, Iowa 50319-0034

Please make address corrections as necessary

MATERIALS ACCEPTED. Please answer the following questions on materials accepted at the composting facility. If you answer "yes" to any question, please provide tonnage for this reporting period.

Does this facility accept:

Yard Waste	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____	Wood	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____
Animal Manure/Bedding	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____	Animal Mortality	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____
Paper Products	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____	Crop Residue	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____
Sewage Sludge	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____	Industrial Sludge	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____
Municipal Solid Waste	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____	Food Residuals	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____
Other (specify) _____	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____			

What is the source of the material?

Total tonnage of organics accepted for composting at the facility

tonnage: _____

What is the annual capacity of the facility? (maximum amount that can be composted)

Tons/year: _____

FINISHED COMPOST MARKETED OR USED. Provide information about the amount of finished compost REMOVED from the Facility for the following uses. If you answer "yes" to any question, please provide tonnage information for this reporting period.

Amount of finished composted REMOVED from the Facility:

Tons/year: _____

Is the finished Compost: (check all that apply)

☐ Sold _____ tons/year

☐ Given away _____ tons/year

☐ Used by your organization _____ tons/year

Is your product registered with the Iowa Department of Agriculture & Land Stewardship? ☐ Yes ☐ No

Questions? Call or email:

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Ken Bouma, Environmental Specialist, ken.bouma@dnr.state.ia.us, (515) 281-7982

COMPOST FACILITY OPERATION INFORMATION. In this section provide information as to how the composting facility operates.

What method/s of composting is employed at the facility?

- ☐ *Turned piles* ☐ *Aerated static piles/windrows* ☐ *Turned windrows*
☐ *In-vessel* ☐ *Vermicompost* ☐ *Other (please describe)*
☐ *Facility is enclosed*

Has the facility operator taken and passed an approved composting course?

- ☐ Yes, has taken and passed a composting operator training course
☐ No, has **not** taken a composting operator training course

SOLID WASTE COMPOSTING FACILITY ONLY. Each composting facility is required by IAC Chapter 105 to test its compost to make sure that the concentrations of all metals and fecal coliform or Salmonella sp. do not exceed regulated levels. Please attach a copy of the test results to this form, making sure that the applicable units (reference 105) are clearly recorded. All composting facilities are required to take biweekly temperature readings of compost piles, and weekly readings of moisture levels. Facilities are not required to report these readings on this annual form, but should keep this information on file to be referenced if necessary.

How often is the finished compost product analyzed?

- ☐ Never ☐ Monthly ☐ Twice a year ☐ Annually ☐ Other (please describe)

Additional Comments: (Please include those ways in which IDNR can assist your facility.)

CERTIFICATION

I certify under penalty of law that I am the owner, operator, or authorized representative of the owner or operator and that I have examined and am familiar with the information reported above, and that I believe the information is true, accurate and complete.

Signature	Name & agency of Person Certifying (please type or print)	Date	Telephone Number